

A JOINT EFFORT BETWEEN THE COURT, THE JAIL, AND A DRUG TREATMENT PROGRAM*

by

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The purpose of this paper is threefold:

1. To describe a state of need for specialized services that existed in a local community, specifically within the local district court system and the local county jail.
2. To describe how the drug abuse program based in this same community was able to meet these needs, with a workable, worthwhile, and successful extending of its basic services.
3. To recommend to other drug abuse programs that they respond positively to any similar requests for services from the community, or actually initiate the process by actively offering such services to the community.

This paper will describe the actual experiences of the Comprehensive Drug Abuse Program (COMDAP) of The Sheppard and Enoch Pratt Hospital in Towson, Maryland, in providing services to the Baltimore County District Court in the form of a Judicial Evaluation Team (JET), and a methadone detoxification program for incarcerated narcotic addicts in the Baltimore County Jail in Towson (Jail Detox Project - JDP). It is in relation to the latter project in the jail that we will describe a particular crisis situation which developed over the weekend of July 4, 1972, in terms of the continued life of the project. It is from this particular experience that we will describe several resultant factors which continue to benefit and serve our overall program, and can likewise serve other programs in a similar manner.

THE HOSPITAL

The Sheppard and Enoch Pratt Hospital is a 270-bed, private, not-for-profit, psychiatric hospital located in Towson, Maryland, the county seat of Baltimore County. The hospital is located in the northern section of the county, and is the only major psychiatric facility and resource for an area extending from the northern boundary line of Baltimore City on the south, all the way to the Pennsylvania-Maryland boundary on the north. The hospital was founded in 1853 by a Baltimore Quaker businessman, Moses Sheppard, and first opened to patients in 1891. Since that time the hospital has provided inpatient psychiatric care for some 18,000 patients.

Against a background of changing mental health concepts and delivery systems, the hospital during the last decade moved spontaneously from the position of an inpatient psychiatric hospital only, toward the creation and extension of community oriented mental health services. In keeping with this evolutionary process, the hospital began a formal planning operation toward the development of a comprehensive community mental health center for northern Baltimore County, this planning project jointly funded by the State Department of Mental Hygiene and the hospital itself. The planning project lasted from May, 1970, to February, 1971, and resulted in the publication of a plan for comprehensive community mental health services for northern Baltimore County. A system of services for drug abusers in the catchment area was one of the categorical programs of the overall plan.

Shortly after the completion of this planning effort in April, 1971, the Governor of Maryland replaced the then-existing Drug Abuse Authority with the newly created Drug Abuse Administration (DAA). At the time, the State Legislature approved allocation of over four million dollars to immediately create statewide drug abuse services, specifically aimed at treatment and rehabilitation of patients. A planning group was immediately formed at

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Sheppard Pratt in May, 1971, to create a program plan and submit a grant request to the state, in order to activate that part of the community mental health services plan calling for a program of services for drug abusers. The grant request was submitted to the Drug Abuse Administration in September, 1971, in competition with more than 40 other similar grant requests. In November, 1971, the grant request was approved and received full funding, for the remaining 8-month period of November 1, 1971, to June 30, 1972.

THE DRUG ABUSE PROGRAM

The major objective of COMDAP was to be *comprehensive* in two specific ways: to make available any or all of five essential services, both direct and indirect; and to provide these services for four different categories of drug abusers.

The range of services included the following: a) outpatient clinical services (direct services), b) emergency services and crisis intervention, including outreach (direct services), c) inpatient clinical services (direct services), d) partial hospital and day treatment services (direct services), and e) consultation, training, and education for the community (indirect services).

The four different categories of drug abusers included: a) the narcotic addicted patient, b) the multiple drug-abusing patient (stimulants and hallucinogens), c) the barbiturate and sedative abusing patient, and d) the uncommitted drug experimenter.

As originally conceived, the program was to serve the specific catchment area designated as northern Baltimore County, with a 1969 population estimate of 150,000 people. Because of the intense competition for the state funds available, and the higher priority allocation given to creating new programs in Baltimore City, COMDAP ended up as the only comprehensive drug abuse treatment program funded for fiscal year 1971-72 in all of Baltimore County. It was also the only program with the capability for providing methadone treatment services in Baltimore County, and the program was therefore given responsibility by the Drug Abuse Administration for extending its treatment services to any resident in all of Baltimore County, a population area of approximately 650,000 people.

From the time of approval and funding, three months were required to put the program together with hiring and staffing and locating activities. COMDAP opened officially and saw its first patient on February 1, 1972. The original staff consisted of a half time physician Director, a full-time Administrator-Coordinator, two full-time Social Workers, two Mental Health Counselors, three recovered addict Drug Abuse Counselors, with supporting secretarial and clerical staff, and the later addition of volunteer workers. By May 1, 1972, the program was able to offer both methadone maintenance and methadone detoxification; individual and group counseling and therapy; family and couples therapy; individual and group psychotherapy on referral; a program of abstinence therapy with counseling and urine surveillance, specifically for soft drug abusers and uncommitted drug experimenters; day care treatment; psychological testing; medical services; vocational rehabilitative services; and inpatient medical hospitalization for drug abuse related medical illness. The program also became involved in the activities of consultation, training, and education for the community, by incorporating into COMDAP and working through the Greater Towson Council on Drug Abuse, a multi-organizational civic group previously involved in drug abuse educational efforts in the northern Baltimore County area.

In its first fiscal year of operation COMDAP successfully met its own mandate to provide a comprehensive range of services, to a broad range of drug abusing patients, utilizing social, psychological, and vocational rehabilitative methods, coupled with methadone chemotherapy for some patients. As of March 5, 1973, COMDAP had treated 113 patients in the category of methadone maintenance; 19 patients in methadone detoxification; and 41 patients in the abstinence therapy. Forty percent of the patients now in methadone maintenance have achieved that level of stabilization and rehabilitation marked by their having achieved "take-home" status with their methadone. Along with the other state funded programs providing methadone treatment services in the greater Baltimore metropolitan area, COMDAP recently underwent external evaluation by the DAA. Program effectiveness was judged by the probability of retaining patients in methadone maintenance treatment for a period of at least

six months, and for COMDAP this probability was .80 – the highest probability rating for the 12 programs evaluated.

JUDICIAL EVALUATION TEAM (JET)

Providing a diagnostic evaluation service for court referred drug abusers awaiting trial or sentence was not included among the program objectives of COMDAP when funds were first requested from the state. In fact, we were quite chagrined to learn that the state Drug Abuse Administration had “volunteered” our program to the Baltimore County District Court to provide this service, without the knowledge of the program planners. Our initial resistance to the idea was based on several considerations: 1) the absence of any program experience on our part in developing this kind of service, 2) the paucity of literature recording the experiences of other programs operating a court referred and jail-based evaluation service, 3) the fear that identification with the court and with law enforcement systems would compromise the treatment image we wished to project to the potential patients of our program, and 4) the deployment of staff for a project of this kind would result in a serious drain on the very limited resources we had been given to carry out our prime objective; namely, providing comprehensive drug abuse treatment services for residents of Baltimore County. Our concerns were given sympathetic hearing by state and county health planners, but it became clear to us that the commitment made on our behalf had already been publicized and indeed had elicited widespread local support. We had ample legal grounds for mounting strong resistance to being pressed into a service not mentioned in our original grant application or in our letter of grant award. However, to resort to legal appeals would have alienated significant segments of the helping community with whom a good working relationship was essential to COMDAP's success. Having been maneuvered into accepting the project, we were thereby initiated into the power politics of health planning.

A plan of operation was hastily drawn up, and within a week following the program's official opening, we began screening court referred drug abusers on February 7, 1972. The plan of operation involved deployment of a two-member screening team, consisting of a social worker and a drug abuse counselor (recovered addict), to the Baltimore County Jail approximately two hours a day on each weekday such service was requested by the court. The project quickly became known by the ambiguous title, *Judicial Evaluation Team*, or JET. The team was charged with interviewing upon request of the court those persons incarcerated, in pre-trial or pre-sentence status, with a past history or current charges related to use of illicit drugs.

Specific objectives were:

1. To ascertain the inmates' use of illicit drugs.
2. To ascertain the inmates' need for, and motivation towards participation in a drug treatment program.
3. To offer suggestions as to alternative treatment modalities and/or appropriate community resources.
4. To offer recommendations regarding the advisability of releasing or not releasing the individual on his own recognizance.

After several months of operation, JET was coordinated with the newly created Pre-trial Release Program of Baltimore County District Court, which began in May, 1972. The staff of the Pre-trial Release Program assumed responsibility for:

- Notifying JET of persons to be interviewed.
- Maintaining the confidentiality and restricting the use of JET reports.
- Verifying factual statements given by inmates interviewed by JET.
- Following up persons referred to resources when possible.
- Informing JET as to the fate of its recommendations with the judge.

The services cooperatively participating in JET by mid-year included the Baltimore County Jail, the Pre-trial Release Program of the District Court of Baltimore County, and COMDAP.

Close coordination, communication, and clear role delineation were easily effected because of the enthusiasm of all concerned regarding the worth of the project. At peak operation, JET required 20 hours per week of COMDAP staff time, less of a drain than we had anticipated and indeed a modest price to pay for the widespread public support we were receiving for meeting a clearly recognized community need. Most important, our initial fears that JET would be perceived as an arm of the law were not realized, primarily because of the District Court's sophisticated use of the service and its recognition of the need for mutual independence of function.

Statistical Overview of JET after its initial year of operation (2/72 - 2/73):

An average of 21 patients per month were screened during the past year with a peak of 42 screenings being reached in August, 1972. Fifty-one percent of those screened were Baltimore City residents prior to incarceration; 46% were Baltimore County residents; and 3% resided in other jurisdictions.

Current narcotic addiction and past narcotic addiction accounted for 61% of those screened, with the next highest category being "uncommitted experimenters" which comprised 26% of those screened.

The court followed the recommendations of JET in 71% of the cases for which recommendations were made. In 27% of the cases no recommendations were made.

Although COMDAP was the treatment resource recommended in 50% of the cases for which treatment was recommended, only 11% (18 cases) were admitted to COMDAP during the year. The principal reasons for this were that the majority (72%) of those screened were either not accepted for pre-trial release because of the severity of the charge, or they made bail without manifesting interest in treatment.

JAIL DETOX PROJECT (JDP)

The providing of detoxification services to incarcerated narcotic addicts in Baltimore County Jail could be entitled Chapter II in COMDAP's initiation into the vicissitudes and politics of health planning. Just as the state had volunteered COMDAP to provide a service to the district court, so the Baltimore County Health Department proposed COMDAP as the resource for detoxification of newly incarcerated addicts. A Maryland law enacted July 1, 1971, established the right of incarcerated narcotic addicts to be detoxified under medical supervision, but did not specify the implementing state agency. (It is a not infrequent practice for laws governing health care services to be passed with no provision or specification for their implementation. In many such cases the health care exists in the statute books only, and is never put into practice.) The Health Department's suggestion was aimed at making Baltimore County the first among the states 24 subdivisions to actually carry out the dictates of the law.

The largest jail detox program in the country, put into operation at the Manhattan House of Detention in 1971, was the direct result of prison riots including violence.¹ A second jail detox experiment, this in Washington, D.C., was not only initiated by the Department of Corrections but was actually established by the court itself and has operated as a branch of the judiciary.²

The program in Baltimore County, in contrast, was initiated by the Health Department and motivated by medical considerations, and has functioned additionally as a preventive force against violent unrest in the jail. Its credentials as a humanitarian-motivated, as well as public service program, are thus well established.

When the state Drug Abuse Administration agreed to the idea, on a *pilot basis only*, and agreed to allow the use of unexpended first year funds from COMDAP's budget until June 30, 1972, for this purpose, we quietly added yet another dimension to the comprehensiveness of the program. A plan of operation was developed and on April 10, 1972, less than two weeks after the pilot project was approved, COMDAP began operating the Baltimore County Jail Detoxification Project (JDP).

Several agencies were involved in the project from the beginning. The considerable extent of their involvement was of significance in two ways. First, it provided a common focus for further strengthening COMDAP's ties with key community agencies upon which the future

success of our overall program depended. Second, it reflected the uncertainty regarding which one of these agencies might have to be ultimately responsible for operating and funding the service on a permanent basis after June 30, 1972. The initial title of the project in itself reflected the anxieties of the participants: "The Sheppard and Enoch Pratt Hospital Comprehensive Drug Abuse Program, Baltimore County Jail, and Baltimore County Health Department Methadone Detoxification Project". Listed below are the agencies involved and a brief description of their initial participation:

1. *The Sheppard and Enoch Pratt Hospital* was the institutional base and recipient of the COMDAP grant. Its focus of interest in participating in the JDP was to complement a Psychiatric Emergency Care Service already being carried out under its auspices at the jail.
2. *Baltimore County Health Department* agreed to provide nursing coverage during the weekday operation, and to provide routine blood tests, tetanus toxoid, and PPD.
3. *The State Drug Abuse Administration* in approving the use of unexpended COMDAP budget funds, was quick to stress the *pilot and demonstration* aspects of JDP. The time-limited investment it permitted was not to be construed as a guarantee of funding by the DAA beyond the end of the fiscal year (6/30/72).
4. *The Baltimore County Jail*, which later became the strongest proponent of the project, initially was just as strongly opposed to the JDP; under pressure, they agreed to provide space and pay medication costs.
5. *COMDAP* agreed to provide medical staffing and supervision, coordination, fiscal management, and to set up a reporting system.

JULY 4TH CRISIS

During the three months of its pilot operation, the JDP rapidly gained the unqualified support of jail officials and was publicly cited as a major factor in averting the prison unrest then being experienced in other correctional facilities around the state. However, this was a particularly tense period at the jail. Already overcrowded conditions were made worse by elaborate security measures occasioned by the detention of Arthur C. Bremmer, accused assailant of Governor George Wallace. An entire cell block was evacuated to detain Mr. Bremmer with some inmates housed in the chapel and laundry room during this period. Each morning the Jail Detox Project staff were "processed" for entry to the facility by federal, state, and local security agents. It was under these extraordinary conditions that the JDP established its worth to those who had earlier opposed the project.

During the middle of June, we were informed that a sharp cutback in state funds would affect all grant programs and in all likelihood, continuance of the JDP with state funds would not be possible. An emergency meeting was held at the Baltimore County Health Department involving all participant groups to discuss alternative strategies for continuing the service. It was clear that the jail budget, already inadequate to meet current emergency expenditures, could not be considered a resource for continuance of the Jail Detox Project. However, some costs could be trimmed by placing responsibility for medical coverage of the JDP under the jail physician who would delegate medical coverage to an intern willing to accept a modest per diem fee. The Health Department agreed to defray costs of weekend nursing coverage and the SEPH Volunteer Office would provide someone to assist the nurse and complete necessary paperwork. Through these stop-gap measures, we were able to reduce the cost of operation from \$16,000 to \$7,000 with the latter figure hopefully representing the state's contribution.

However, the state Drug Abuse Administration adhered to its earlier position concerning the temporary nature of its commitment and was adamant in stating that it would not approve new funding for the next fiscal year. Admitting that JDP was clearly a success as a demonstration pilot project, the state DAA took the position that long-term fiscal support of the project was the responsibility of the county health and correctional agencies. The events that followed this announcement we have since called the "July 4th Crisis". Without state-approved funds to continue the JDP beyond June 30, 1972, local public officials viewed with alarm the coming

4th of July weekend at the jail. This crisis became the catalyst for the formation of a COMDAP Citizen's Advisory Committee which moved swiftly into action. This Committee included among its members one of the most prominent judges of the District Court. His actively expressed concern was largely responsible for marshaling the kind of action required to keep JDP on its feet. Key legislators, state officials, and the Governor were contacted by every means of communication and a special call to the state DAA from the Governor's office resulted in \$7,000 being immediately allocated to continue the service on the eve of the holiday weekend.

The authorization of state funds to continue the Jail Detox Project might be described as Chapter III in our adaptation to the political milieu of health planning and a satisfying chapter it was! The JDP and JET, both of which were thrust upon us, have become the principal foci of public support for continuance and possible expansion of COMDAP during the next fiscal year.

SUMMARY

Having originally felt maneuvered into JET and the Jail Detox Project, and then having built and operated the latter with a gnawing awareness that it could have a limited life span and end up being much worthwhile effort for very little gain, we emerged from the July 4th crisis feeling very gratified and encouraged by the public and professional support we had so rapidly been able to mobilize to save the project — and not a little surprised by the political power base we had put together and made available to COMDAP for the future. There are several other clearly defined and lasting benefits from our having ventured into JET and JDP, even if somewhat hesitantly in the beginning, which we will now present for consideration and possible use by other drug abuse treatment programs in their local communities.

In order to avoid ending up saying, "last but not least," which generally implies an afterthought, let us state first and foremost that we succeeded in providing humane and quality treatment services to an otherwise neglected and forgotten group of sick people — incarcerated narcotic addicts.

With the detox project we were able to prove to the jail administrators the value of admitting more health care services to the jail, as a means of improving the morale and thus the security in an otherwise potentially explosive population. The success of the project converted the jail staff from their original opposition, to becoming the loudest voice in the July campaign to save the project, and a very influential voice at that.

The jail detox crisis served as a catalyst in the formation of COMDAP's Citizen's Advisory Committee. When this heterogeneous group was still new and not yet cohesive or allied with the program, the threatened end of the project gave them an early and immediate purpose and goal. As a result of their considerable role in saving one of COMDAP's activities, they developed a spirit of involvement in and support of the overall program which has fortunately persisted, and which might otherwise have taken much longer to develop.

The necessary joining of forces of different groups to save the jail detox, served to create much more solid and trusting relationships between the individuals involved, representing COMDAP and its Advisory Committee, the jail, the district court, and the Baltimore County Health Department. The project made COMDAP an indispensable part of the County's system of health services, politically as well.

A key stratagem in the efforts to save the jail detox was publicity, and COMDAP and the project became very newsworthy over that period. In retrospect, we feel this expanded the awareness of the public and the DAA to the extent of the drug problem in Baltimore County, whereas formerly the greatest and almost exclusive attention had been focused on Baltimore City. Obviously, this had implications for later allocation of drug abuse funds to the County and to COMDAP.

The proven success of the Jail Detox Project gave visible evidence of the validity of the concept as originally presented (but never significantly implemented) in the original Maryland law. Hopefully, future efforts or pressures to actually put this law into effect, can use our project to back their arguments that this is a feasible and worthwhile thing to do.

In saving the project we did aim some of our appeal at the general public. It is hard to judge

whether we moved anybody or not, or created any public base of support. But we do feel we went a long way toward giving the public a different view of addicts – as being patients deserving of a humanitarian and medical approach to their problems, even in jail.

STATISTICAL OVERVIEW

Comprehensive Drug Abuse Program

| | Methadone | | | |
|--|-------------|---------------------------------|--|-------|
| | Maintenance | Detoxification | Abstinence | Total |
| Number of Patients Admitted – February, 1972-February, 1973 | 113 | 19 | 41 | 173 |
| Number of Patients Currently in Treatment – March, 1973 | 54 | 6 | 16 | 76 |
| Jail Detoxification Project | | Judicial Evaluation Team | | |
| Number of Inmates Detoxified – 4/72-2/73 | 115 | | Number of Inmates Evaluated – 2/72-2/73 | 250 |
| Area of Residence: | | Area of Residence: | | |
| Baltimore County | 26% | | Baltimore County | 46% |
| Baltimore City | 45% | | Baltimore City | 50% |
| Other | 29% | | Other | 4% |
| Salient Age Range | 20-25 | | Salient Age Range | 20-25 |

REFERENCES

¹ Dole, Vincent P. – “Detoxification of Sick Addicts in Prison” in *Proceedings Fourth National Conference on Methadone Maintenance*. National Association for the Prevention of Addiction to Narcotics, New York. 1972. p. 65.

² Dogoloff, Lee I. and Gumper, Mary Louise – “The Treatment of Heroin Addiction and the Criminal Justice System: Are They Compatible?” in *Proceedings Fourth National Conference on Methadone Maintenance*. National Association for the Prevention of Addiction to Narcotics, New York. 1972. p. 101.